



Texas Health Care Association

Hurricane Tools

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Guide to Hurricane Preparedness and Plans Plan Ahead

By Meera Riner, Nexion Health

Timeline

January - Critique previous hurricane season's experiences and plan for revisions.

February - Inventory equipment and make list of items needed. Review physical plant.

March – Certify contracts with outside vendors and plan for transport, supplies, food, pharmacy, lab.

April – Submit revised disaster emergency management plan to local EOC.

May – Education and training for staff, residents and families. Ensure employee phone numbers are updated. Conduct internal and external disaster drills. Order ID bracelets and tags

June – Ensure that all records are being backed up. Update resident pictures.

July – Send notification to resident family members and responsible parties about our disaster plan and evacuation procedures.

August – Review disaster plan again

September – Conduct ongoing reviews of disaster preparedness

October - Educate new staff and new residents and their families. Ensure records are consistently backed up

November – Conduct ongoing reviews of disaster preparedness

December – Begin review of disaster preparedness plan. Conduct internal and external disaster drill

Rehearse - Conduct Realistic Disaster drills

- Should be unexpected and documented and critiqued.
- Internal – what you do inside the building with your team
- External – what you do outside (loading/unloading, use of EMS, etc)
- Include training walk through during and discussions after to answer questions and evaluate drills.
- Must actually “evacuate” residents (down stairs, to other parts of the facility, or out of the facility)
- May require prior notification of outside entities, (fire department, etc)
- May include outside entities (fire department, police department, EMS, phone company, etc)

Ensure Your Facility has an Approved Disaster Plan with an Evacuation Plan if Necessary

- Keep disaster book updated to include an updated employee phone list with cell and home phones for all employees.
- Include Disaster Readiness as an ongoing topic at your monthly Risk Meeting.
- Include the following as part of your disaster plan:
Residents- Keep an updated copy of the Resident Roster sample matrix, (HCFA-802) and the Resident Census and Conditions Sheet, (HCFA-672). This will help in and plan for special need residents such as patients on dialysis and oxygen, patients in need of special lifting equipment, etc. Keep a running list of residents (updated weekly) for their evacuation status.

List the following:

- List of resident in categories (those who will need hospital admission, and those that can be transport and how transported (ambulance or bus). Those going to the hospital will be transferred as soon as possible. Keep a list of dialysis residents that will need to be transferred.
- Types of the transportation required, recommend transferring and lifting techniques, and aligned staffing. Include a review of who may need oxygen during transport.
- Involve your therapy department in the ongoing provision of lifting, transferring, and transport training for the staff. Involve therapy with reviews for transferring residents onto buses and other vehicles.
- Identification of any special needs, e.g. insulin for diabetics.
- Have a binder with face sheets that is updated daily of all current residents. Fax the face sheets to the receiving facility if possible. Also, ambulances will need this information for transport. Corporate staff may be able to help with this and may be able to print at the receiving facility, thus, eliminating the need to fax.
- Have ready identification bands for all residents with name, facility name, specific requirements such as thickened liquids, medication name, allergies, medical alerts, etc. Put the family contact name and number on both the face sheet and the identification bands.

Review Contractual Agreements

- Determine if there is adequate bus and emergency vehicle transportation available through contractual agreements and include the contracts as a part of your facility plan.

Know Your Affiliations at EOC

- If there is inadequate availability of transportation vehicles in case of a disaster, work through your county EOC to plan accordingly.
- Make sure the EOC transportation contact knows who you are and the type of needs anticipated. There has to be strong working partnership with the local EOC and Nursing Home Association

- Consider inviting the EOC representative to tour your facility and even provide education/ information about your disaster plan to the resident council. This opportunity will allow the EOC representative to associate actual people with the facility name.
- You will need to report power outages

Align Your Plan – Transportation

- Transportation arrangements for residents and staff must be made prior to an actual disaster in the case of a necessary evacuation. It is advised that long term care facilities work with the local Emergency Operation Center in planning for transportation needs. However, every facility needs a transportation agreement(s) that identify any travel restrictions such as distance, county or state lines.
- Ensure that your transportation agreements include a certificate of insurance.
- Your facility transportation plan should be aligned with the evacuation status of your facility. If your facility has to evacuate, plan to be out of the facility for at least three days. This means that transportation has to be planned for the relocation of the staff as well to continue to care for the residents at the receiving facility
- Secure buses ASAP (remember usually first come first serve).
- Include in the facility plan the means to transport supplies/beds/staff to the receiving facilities. A facility must not wait to get a U-Haul van on the day of the evacuation. The facility plan should include an agreement with the local school board on how to have extra buses available for the supplies.
- As soon as there is a warning of a storm, reserve the truck(s) in advance. Anticipate going outside your area to access transportation.

Create Innovative Transporting Contracts & Strategies

- Identify transporting entities: The supply transport is the method by which the supplies will be taken to an out-of-town host facility. Determine if your vendors will assist in this capacity. A signed and current contract is required or an addendum saying that patient and supply transportation is the same.
- Notify all vendors of evacuation and destination. Take phone numbers of vendors and representatives as you might need their assistance. Orders may need to be shipped to receiving facilities.
- Check vendor agreements. Vendor agreements are necessary to ensure delivery of emergency supplies, food provisions, nursing equipment and laundry needs to host site. These agreements must be current and must include all supplies that might be needed.
- Renew contracts annually with companies that spell out the means of transportation- school buses, private bus companies including church buses, ambulances, and the handicapped vans.
- If there is the potential for distance travel, plan for different venues such as private bus companies across state lines.

Guide to Supplies – Don't be Caught Off Guard

- Have ready in advance a complete list of the
 - a) Supplies being transported to host site;
 - b) Supplies to be delivered to host site; and, as applicable,
 - c) Supplies host facility will provide.
- Copy of the MARS, TARS and physician orders, entire chart and rack if possible.
- Ensure residents have a 4 days supply of clothing, underwear, diapers, and sleepwear. Include eye glasses, toiletries, tooth brushes, tooth paste, combs and brushes and hair products. These items will be placed in a plastic bag.
- Ensure residents have enough medications for at least 7 days. Include all medications, routine PRN, all pills, liquids, eye drops, and injections. Include narcotics, diabetes medications and pain medications.
- Include supplies for administration, insulin syringes, alcohol prep pads, blood pressure cuffs, stethoscopes.
- Temperature sensitive medicine will be transported in an ice chest.
- Controlled drugs will be transported in a locked container by the Director of Nurses and will be brought to the evacuation facility nurses station upon arrival at the final destination and must caravan with the busses.
- Ensure medications for med pass are on the bus with residents. Usually carts are transported in another vehicle or in the storage/luggage compartment of the bus.
- Medications can be put in boxes or baggies (or a tote bag) and placed with resident for anticipated med passes for residents during transport.
- We also must ensure availability of tube feeding supplies, 60cc syringe for administration, tubing and enough formula for 24-48 hours.
- Include all items necessary for treatment, ointments, dressings, and tape.
- For all Foley catheter residents send extra Foley catheters, catheter insertion trays, irrigation kits and normal saline for irrigation.
- For Nebulizer treatment residents send hand held nebulizers with tubing and medication in a plastic bag.
- Send a supply of disposable incontinent briefs for incontinent residents. Also send pre-moistened wipes in case of water shortage, in addition to urinals and bedpans.
- Nursing equipment to be loaded includes lifters, oxygen machine, suction machines, nebulizers, etc.
- Oxygen – ensure transportation is secure and ensure all are full. Put facility name on tank.
- Housekeeping/laundry: ensure supply of linens, tissue paper, paper towels, germicidal cleaner, trash bags, etc.
- Ensure mattresses are sent for any residents that will not be in a bed. Take privacy screens if possible

- Housekeeping/Laundry supplies. Ensure the residents have one each of the following items; a flat sheet, fitted sheet, pillow, blanket, pad, bath towel and a face cloth.
- At the evacuation site, if there is a washer and dryer available, you will be able to wash and dry whatever is needed. Therefore, the following items need to be included: Laundry detergent and de-stainer, disinfectant, tissue paper, trash bags.
- Dietary: ensure juice, snacks, sandwiches, protein supplements, etc, are on the bus with residents. These should be stored on buses in ice chests. Dietary will also include thickener or thickened liquids on the bus.
- Ensure diets are printed out for at least 4 days along with 4 days of meal tickets. Have back up menus in case of computer failure. .
- Documents: Important papers such as facility insurance policies, property titles, resident's office files, checkbooks, back-up tapes for computers, etc., will be boxed and brought along.
- Maps
- Money (Cash: \$1000.00 per day)
- Updated list of all staff on each bus and staff transporting in vehicles. To ensure staff is at the building upon return, you will also need employee contact numbers of those that stayed behind in order to contact them about return arrival times.
- Heavy duty electrical cords
- Extra forms including nurse's notes, pens, etc.

Communication Strategies

- Designate a person who will be responsible for calling all families and or responsible parties. Try to encourage family member to take their loved ones home with them. If they are unable to, notify families of relocation plans for their loved ones.
- Provide families or resident representatives with the name and address of the receiving facility.
- Provide the contact person's name and telephone number from the sending facility's so they can be updated with the latest information on their family member.
- Remember that families/resident representatives may need to also evacuate. Obtain current information on where the families/ resident representatives will be located and contact numbers for them.
- It is possible for the phone company to reroute a facility's telephone number to another number. Note that the receiving facility will not want to have their phone called doubled with calls from the sending facility family members. Consider an alternative number for this.
- Line up help (fire department, inmates, church groups, etc) to help load residents as well as unload resident at receiving facility. Volunteers: will be called in to help load all supplies.
- Inform Medical Director of evacuation.

Receiving Facility

- Line up emergency physician to care for residents at receiving facility
- Notify dialysis center for if you will be receiving dialysis residents.
- Need to secure a place for possible shelter, child care, pet care, and place for employees and family to sleep other than the facility, eating accommodations.
- Have groups ready, Nurses and C N A's (i.e.: shower teams, head to toe assess teams, etc) to receive the residents. Residents will require a skin check and a shower/whirlpool/bath when they get to the facility.
- May need to order additional trash pick up.

Managing the Evacuation

- Print off four days of tray tickets before leaving the facility.
- Print resident roster. Keep track of residents and what bus they are on. This list will need to be forwarded to the corporate office.
- The arm bands identifying residents (see disaster plan above) should be placed on residents.
- Items such as glasses, walkers, wheelchairs, appliances should be tagged with resident name and facility number.
- The current face sheets and medication orders should be in a protective sheet with a safety pin to pin on residents or punch a hole and put some yarn in the hole to tie to resident's clothing. Include copies of MARS and TARS.
- Resident medications – medications must be with the resident. This helps safeguard that all the supplies get to the right location. This can be done several ways:
 - Coordinate transporting Medication carts or medications by unit.
 - Send medication/ treatment carts on the same bus as resident are from that unit.
 - If that is not feasible, have the vehicle that is transporting the medication/ treatment supplies (for a designated unit); follow the bus with the residents.
 - Place medications in a container or bag and place on or with resident in the bus.
- Take a final tour of the building to ensure ALL residents, employees and supplies are loaded.

Staffing

- Key people (i.e., department heads) identified and determined who will go and who will be at the building upon return.
- Key people (department heads) will be assigned to either evacuate or remain tending to the building until return and will be responsible for some part in the evacuation process.
- If key people are not evacuating, (department heads) will not leave until residents are on the bus and bus has left.
- If key people (department heads) are to be in the building upon return, they are not to leave until generator power is not needed and departments are staffed and with supplies.

- All employees, who are scheduled to work, must report to work.
- Increase staffing if necessary.
- Determine which employees and key people will evacuate with the resident (include family member count) and who will be at the building upon return. Remember clerical staff, dietary, maintenance, housekeeping, etc are all needed.
- You may offer the employees and their families to evacuate along with the residents. This will increase the number of people to help with the residents but can also be a deterrent. They will need to find shelter once they get there and will need to bring needed supplies, such as flash lights, radio, blankets, pillows, sleeping bags, personal supplies, medications, clothing and snack items. Use your discretion.
- If an employee is unable to assist, they are to contact the facility (or designee) on a daily basis to determine when to return to work at the facility in the event of an evacuation.
- If telephones are out, instruct the employee to call the emergency 800# to determine the status of the facility, and/or leave a message. Remind the employee that it is their responsibility to call, and to return to the facility when evacuees return to ascertain their schedule.
- The staffing for the bus should include at a minimum one nurse and 2-3 C.N.A.'s for every 25 residents. Adjust staffing ratios for acuity.
- Some facilities have cross- trained staff in other departments to be C.N.A.'s in an emergency. Identify all your potential resources.

Your Place

- Secure building, basically the same as you would do if you were to stay here.
- While out of town, have the police department patrol the area for any theft or trespassing.
- Turn off all gas and electricity and pilot lines
- All plants and outdoor furniture will be secured. Furniture will be tied down outside. Garbage cans will be stored.
- Windows will be boarded with plywood or tape will be applied to windows in resident rooms.
- The facility van will be filled with gas.
- Check any storage area for emergency supplies you may need.

Ready to Go

- Feed residents prior to loading on the bus.
- Consider moving residents after the area the sun goes down when environmental temperatures have dropped. This makes it more comfortable for the staff, and reduces the risk of hyperthermia. In addition, transportation is often more accessible later in the day.
- Ensure Facility's vehicles are fully fueled and extra fuel available in an approved container.
- Load buses by halls if possible.
- Load residents that can ambulate first and furthest away from bus door.

- Make sure that medications for med passes are on the bus (not in storage). Residents will need their medications. Include prn medications.
- Use U-Haul trucks to transport the mattresses and the wheel chairs. Make sure all equipment (walkers, chairs, etc.) is labeled with the patient's name and the facility name. Staff should check this on a weekly basis during the hurricane season.
- Keep an updated listing of rented equipment such as Hoyer lifts, as well as durable medical equipment provided through Hospice. Decide if rental equipment should be transported.
- Try to keep all patients/ residents in the same area by med cart distribution.
- Don't forget the current list of phone numbers.
- Food must be with residents on the bus.
- Emergency supplies must be with the residents on the bus.

Coming Home

- This is the fun part but watch out for people scrambling to get back to the buses.
- Reverse the process now for returning the patients, medication carts, supplies, etc.
- Emphasize the need for patience and stress management by staff and residents. Everyone will be tired.
- Make sure the Agency for Health Care Administration has approved the facility for a return.
- Ensure that food products, power restoration, supplies and medications are available at the sending facility.
- Ensure adequate replacement staff, (in all departments) for the return to the facility. This should have been planned prior to evacuation
- The facility may need to work through the local EOC for the return transportation. Make sure your transportation contracts clearly outline the return.